New Jersey Department of Health and Senior Services Consumer and Environmental Health Services P. O. Box 369

Trenton, NJ 08625-0369

INITIAL APPLICATION FOR LICENSE TO OPERATE A REFRIGERATED WAREHOUSE AND/OR LOCKER PLANT (N.J.S.A. 24:9-22 AND 23)

STATE USE ONLY	

Gross Refrigerated Space of Warehouse and/or Locker Plant (check applicable box)	Annual Fee	MAKE CHECK OF
☐ Not in excess of 100,000 cubic feet	\$50.00	PAYABLE TO:
☐ In excess of 100,000, but not in excess of 1,000,000 cubic feet	\$150.00	"NEW JERSEY D HEALTH AND SI
☐ In excess of 1,000,000	\$300.00	HEALTH AND SE

R MONEY ORDER

DEPARTMENT OF ENIOR SERVICES"

Complete all information. Mail original copy with your fee to the above address. Retain a copy for your records

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Check/Money Order No.	Date of Check/Money C	Order Amo	Amount		Date of Application			
		IDENTIFICATI	ON					
Name of Owner or Corp.			Establishment Location					
Trade Name		City	City			State Zip Code		
Telephone No.			Telephone No.					
County Registered	If Incorporat	If Incorporated, Give Name of State Inc. Federal ID/Social Secur			curity N	No.		
	NAMES AN	D ADDRESSES	OF OFFICERS	<u> </u>				
President (Full Name)	Addres		City			State	Zip Code	
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Vice-President (Full Name)	Addres	S	City			State	Zip Code	
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Secretary (Full Name)	Addres	S	City			State	Zip Code	
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Treasurer (Full Name)	Addres	.s	City			State	Zip Code	
(2,				—гр от то	
New Jersey Registered Agent (If Applicable) Addres	.s	City			State	Zip Code	
Then delety registered rigent (in Applicable) Addition		City			Olalo	_ .p .c .	
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State of								
County of								
I.		. beina dulv	sworn accordir	ng to law upo	n his(her)	oath de	poses and	
says that he(she) is (Preside	ent, Vice President, Secre	tary, Treasurer	Owner) and he	reby certifies	s that the i	nformat	ion given in	
this application is true and c	complete to the best of his	(her) knowledge	e, information ar	nd belief.				
Sworn and Subscribed befo	re me this	day						
Sworn and Subscribed belo	IIIG UII3	_ uay _	Sigr	nature and Ti	tle of Appl	icant		
of	, in the year	•	J		.,			
Notary Pu	blic Signature			Dat	'e		_	
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